

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 2 - 3 0

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

JULY 01, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a) (54) and 1927 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 07-09/02 \$20,800 Savings
b. FFY 10/02-09/03 \$138,983 Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A 15a
3.1A 15aa
3.1A 15ab

9. PAGE NUMBER OF THE SUPERSEDES
PLAN SECTION OR
ATTACHMENT (If Applicable):

3.1-A 15a
3.1A 15aa
3.1A 15ab

10. SUBJECT OF AMENDMENT:

Drug Prior Authorization related issues and over the counter coverage.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director, Department of Social Services

15. DATE SUBMITTED:

12/13/02

16. RETURN TO:

Division of Medical Services
Post Office Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/17/02

18. DATE APPROVED:

May 20, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & Children's Health

23. REMARKS:

cc:
Roling
Vadner
Waite
CO

DSG/DIATA

SPA CONTROL

Date Submitted: 12/13/02

Date Received: 12/17/02

Effective January 1, 1991, the Missouri Medicaid Program covers outpatient drugs, in accordance with Sections 1902 (a) (54) and 1927 of the Social Security Act, which are covered by a national or State agreement, with the following restrictions or exceptions (as indicated by checkmark).

- X A. Prior authorization program which complies with Section 1927 (d) (5) of the Social Security Act.
- X B. The following drugs are covered, or restricted, as indicated by the checkmark:
- X 1. Certain drugs are not covered if the prescribed use is not for medically accepted indication, as defined by Section 1927 (k) (6).
2. Drugs subject to restrictions pursuant to an agreement between a manufacturer and this State authorized by the Secretary under 1927 (a) (1) or 1927 (a) (4).
- X 3. Certain products may be limited by on-line clinical or fiscal edits to monitor appropriate utilization and secure cost savings.
- X C. The following drugs or classes of drugs, or their medical uses, as indicated by a checkmark, are excluded from coverage or otherwise restricted:
- X 1. Agents when used for anorexia or weight gain.
- X 2. Agents when used to promote fertility.
- X 3. Agents when used for cosmetic purposes or hair growth.
- X 4. Agents when used for symptomatic relief of cough and colds.
- X 5. Agents used to promote smoking cessation.
- X 6. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- X 7. Nonprescription drugs (see attached).
8. Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or his designee.
- X 9. Drugs described in section 107 (c) (3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of section 310.6 (b) (1) of title 21 of the Code of Federal Regulations (DESI drugs).
- X 10. Barbiturates (see attached).
- X 11. Benzodiazepines (see attached).
- X 12. Case/Disease Management implemented by physician/pharmacist teams for patients determined at risk using approved risk assessment model.

Proposed Page
with Changes

Attachment 3.1-A
Item 12a
Page 15a
Rev. 12/02

Effective January 1, 1991, the Missouri Medicaid Program covers outpatient drugs, in accordance with Sections 1902 (a) (54) and 1927 of the Social Security Act, which are covered by a national or State agreement, with the following restrictions or exceptions (as indicated by checkmark).

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New { X 3. Certain products may be limited by on-line clinical or fiscal edits to monitor appropriate utilization and secure cost savings.

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 8. Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or his designee.

 X 9. Drugs described in section 107 (c) (3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of section 310.6 (b) (1) of title 21 of the Code of Federal Regulations (DESI drugs).

 X 10. Barbiturates (see attached).

 X 11. Benzodiazepines (see attached).

New { X 12. Case/Disease Management implemented by physician/pharmacist teams for patients determined at risk using approved risk assessment model.

State Plan TN# 02-30
Supersedes TN# 96-21

Effective Date July 1, 2002
Approval Date

Current Page

Attachment 3.1-A
Item 12a
Page No. 15a
Rev. 12/96

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X 10. Barbiturates (see attached).

X 11. Benzodiazepines (see attached).

State Plan TN# 96-21
Supersedes TN# 92-34

Approval Date JAN 23 1997
Effective Date December 1, 1996

EXCLUDED
DRUG OR CATEGORY

Drugs used to promote fertility
Drugs used to promote weight loss
Drugs used to promote hair growth
Drugs used for cosmetic purposes
Drugs used to promote smoking cessation
Contact lens products
Estazolam
Halazepam
Prazepam
Quazepam
Nonlegend products

EXCEPTIONS REIMBURSABLE

Limited OTC items will be covered based on efficacy and cost. The list of covered items will be maintained in the provider manual and on the Division's website (www.dss.state.mo.us/dms).

Proposed Page
With Changes

3.1-A
Rev. 12/02
Page 15aa

EXCLUDED
DRUG OR CATEGORY

Drugs used to promote fertility

Drugs used to promote weight loss

Drugs used to promote hair growth

Drugs used for cosmetic purposes

Text Deleted

Drugs used to promote smoking cessation

Text Deleted

Contact lens products

Text Deleted

Estazolam

Halazepam

Prazepam

Quazepam

Nonlegend products

New
Text

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State Plan TN# 02-30
Supersedes TN# 96-21

Effective Date July 1, 2002
Approval Date _____

EXCLUDED DRUG OR CATEGORY

EXCEPTIONS REIMBURSABLE

Drugs used to promote fertility

Drugs used to promote weight loss

Drugs used to promote hair growth

Drugs used for cosmetic purposes

Nonlegend vitamins, multi-vitamins and minerals, adult

Children's chewable multivitamins and drops, calcium preparations, iron preparations

Drugs used to promote smoking cessation

Nonlegend lotions, shampoos and medicated soaps

Nonlegend acne preparations

Nonlegend weight control preparations

Nonlegend ophthalmic preparations

Artificial tear products, eyewash products, ocular lubricants

Contact lens products

Nonlegend oral analgesics

All nonlegend strengths of acetaminophen, aspirin, buffered aspirin, ibuprofen and naproxen sodium

Nonlegend external analgesic products

Nonlegend stimulant products

Nonlegend hemorrhoidal products

Estazolam

Halazepam

Prazepam

Quazepam

PRIOR AUTHORIZED
PRODUCT OR CATEGORY

ALLOWED INDICATIONS

EXCEPTIONS - PRIOR
AUTHORIZATION NOT
REQUIRED

Abortifacients	Termination of pregnancy resulting from an act of rape or incest or when necessary to protect the life of the mother	
Amphetamines	Attention deficit hyperactivity disorder, Narcolepsy	
Barbiturates	All medically accepted uses	Phenobarbital Methabarbital Mephobarbital
Butorphanol, nasal spray	Override of quantity restriction allowed fro medically accepted uses	Claims for a total of no greater than 15cc in any 30 day period.
Drugs used to treat sexual dysfunction	Sexual dysfunction	
Histamine 2 Receptor	Medically accepted uses	90 days of therapeutic dose therapy of antiulcer categories and long term, low dose maintenance therapy of this category
Isotretinoin	Non-cosmetic uses	
Ketorolac	Short-term treatment of moderately severe acute pain following injection of same entity	Claims for no greater than a four (4) day supply of no greater than 40mg per day in any 30 day period.
Modafanil	Narcolepsy	
Orlistat	Dyslipidemia	
Proton Pump Inhibitors	Medically accepted uses	90 days of therapeutic dose therapy of antiulcer categories
Retinoic Acid, topical	Non-cosmetic uses	
New drug products (new GCN) effective 7/1/02	All medically accepted uses	Possible open access coverage after clinical review.
Growth hormone	Over age 19, growth hormone deficiency, cachexia, other medically accepted uses	Under age 19

State Plan TN# 02-30
Supersedes TN# 96-21

Effective Date July 01, 2002
Approval Date _____

Proposed Page
With Changes

3.1-A
Rev. 12/02
Page 15ab

PRIOR AUTHORIZED
PRODUCT OR CATEGORY

ALLOWED INDICATIONS

EXCEPTIONS - PRIOR
AUTHORIZATION NOT
REQUIRED

Abortifacients

Termination of pregnancy
resulting from an act of rape
or incest or when necessary to
protect the life of the mother

Amphetamines

Attention deficit hyperactivity
disorder, Narcolepsy

Barbiturates

All medically accepted uses

Phenobarbital
Methabarbital
Mephobarbital

New Text



Butorphanol, nasal spray

Override of quantity restriction
allowed fro medically accepted
uses

Claims for a total of no greater
than 15cc in any 30 day period.

Drugs used to treat sexual
dysfunction

Sexual dysfunction

Histamine 2 Receptor

Medically accepted uses

90 days of therapeutic dose therapy
of antiulcer categories and long term,
low dose maintenance therapy of
this category

Isotretinoin

Non-cosmetic uses

Ketorolac

Short-term treatment of
moderately severe acute pain
following injection of same
entity

Claims for no greater than a four
(4) day supply of no greater than
40mg per day in any 30 day
period.

Modafanil

Narcolepsy

Orlistat

Dyslipidemia

Proton Pump Inhibitors

Medically accepted uses

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Retinoic Acid, topical

Non-cosmetic uses

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Growth hormone

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State Plan TN# 02-30
Supersedes TN# 96-21

Effective Date July 01, 2002
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New Text

ab

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AUTHORIZATION NOT
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